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AUTHOR Thomas, Jeanne L.
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ABSTRACT

Although research has documented associations between grandparenthood and grandparents' mental health, the basis of these associations has not been extensively explored. This study asked grandparents to describe their relationship with one grandchild and that grandchild's parents; the selected grandchild was the oldest grandchild in the two-parent household geographically closest to the grandparent. Demographic variables, measures of closeness to the grandchild and the grandchild's parents, and perceptions of the grandparent-grandchild relationship were evaluated as predictors of grandparents' mental health. Participants were 301 grandparents between the ages of 43 and 86. The results revealed two significant predictors of morale: grandparents reporting good health and frequent intergenerational contact expressed highest morale. There were three significant predictors of scores on the Life Satisfaction Index A: grandparents reporting good health, married grandparents, and those reporting greatest attitudinal similarity expressed greatest life satisfaction. Finally, there were three significant predictors of self-esteem: grandparents reporting good health, married grandparents, and those expressing low levels of the symbolic importance factor expressed highest self-esteem. Demographic background and selected aspects of family solidarity were more strongly associated with mental health than were reactions to grandparenthood. (NB)

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GRANDPARENT-PARENT SOLIDARITY, PERCEPTIONS OF GRANDPARENTHOOD, AND GRANDPARENTS' MENTAL HEALTH

Jeanne L. Thomas, Ph.D.
Psychology Department
University of Wisconsin-Parkside
Box 2000
Kenosha, WI 53141-2000
(414) 553-2658

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Grandparent-Parent Solidarity, Perceptions of Grandparenthood,
and
Grandparents' Mental Health

Research documents associations between grandparenthood and grandparents' mental health (e.g., Kivnick, 1982a, b). However, the basis of these associations has not been extensively explored. Grandparenthood, as a correlate of mental health, may reflect general feelings regarding family solidarity. Because grandparenthood spans much of adulthood, understanding the foundation of its relationship to well-being could enhance understanding of mental health in later life.

One approach to achieving this understanding is by considering associations among reactions to grandparenthood, general indices of family solidarity, and grandparents' mental health. In this study, grandparents described their relationship with one grandchild and that grandchild's parents; the selected grandchild was the oldest grandchild in the two-parent household geographically closest to the grandparent. Demographic variables, measures of closeness to the grandchild and the grandchild's parents, and perceptions of the grandparent-grandchild relationship were evaluated as predictors of grandparents' mental health.

Participants were 301 grandparents aged 43 to 86. All were caucasian residents of Wisconsin, and were volunteers recruited through newspaper articles describing the research, requests at organization meetings, and chain sampling. None were stepgrandparents of the grandchild discussed in their interview, and none shared a household with grandchildren. Most (66%) lived within a 15 minute drive of the grandchild discussed in the interview. The sample represented a wide range of occupational and educational backgrounds (see Table 1).

Insert Table 1 about here

The author or a research assistant conducted all interviews. Topics included perceptions of the relationship with the grandchild. For this topic, Likert scales assessed grandparenting satisfaction and perceived responsibilities [five subscales: satisfaction, caretaking responsibility, discipline responsibility, helping responsibility, advising responsibility] and grandparenthood

meaning [five subscales: centrality of relationship, sharing wisdom, indulgence, reexperiencing the past, family extension]. Scale items presented statements describing the relationship; grandparents reported the extent to which each statement corresponded to their experience. Item responses were added to produce ten perceptions of grandparenting scores.

Interviews also included questions concerning frequency of contact and help exchanges with the grandchild and the grandchild's parents, similarity of attitudes with the grandchild's parents, and affect toward the grandchild's parents. An Interaction Index (Mangen & Miller, 1988) inquired about frequencies of sharing specified activities (e.g., recreation, dining together, etc.) with the grandchild, the grandchild's mother, and the grandchild's father over the past year. Item responses were added to produce scores for frequency of contact with the grandchild, the grandchild's mother, and the grandchild's father. As these scores were highly correlated, they were added to produce an overall contact score for subsequent regression analysis.

An Exchanges of Support and Assistance Index (National Council on the Aging, 1975) asked whether the grandparent had exchanged various forms of help (e.g., running errands, giving advice) with the grandchild or the grandchild's parents over the past year. The number of types of help given to the grandchild, received from the grandchild, given to the grandchild's parents, and received from the grandchild's parents were added to produce a help score for subsequent regression analysis.

A 7-item Likert scale developed for this project assessed similarity of grandparents' and parents' attitudes. Grandparents rated congruence (very similar to very dissimilar) between their own and parents' attitudes toward topics related to family relationships, lifestyles, and social issues (e.g., childrearing, spending, careers, religion). Item responses were added to produce an attitudinal similarity score for regression analysis. Finally, the Positive Affect Index (Gronvold, 1988) evaluated fairness, trust, respect, understanding, and affection in relationships with the grandchild's mother and father. Item responses were added to produce scores for positive affect toward the grandchild's mother and positive affect toward the grandchild's father.

Grandparents' mental health was assessed using the PGC Morale Scale (Lawton, 1972), the Life Satisfaction Index A (Neugarten, Havighurst, & Tobin, 1961), and the Rosenberg (1965) Self Esteem Scale.

Factor analysis identified factors underlying the ten perceptions of grandparenting scores. This step promoted a parsimonious description of the grandparent-grandchild relationship, and minimized collinearity in subsequent regression analyses. Principal components analysis was used for factor extraction, and oblique factor rotation was performed.

Three factors were extracted. The first, accounting for 37.1% of covariance, included the five grandparenthood meaning scores and helping responsibility; this factor was labeled symbolic importance. The second factor accounted for 14.8% of covariance, and included discipline responsibility, advising responsibility, and indulgence; this factor was labeled authority. The third factor, accounting for 11% of covariance, included grandparenting satisfaction and caretaking responsibility; this factor was labeled satisfaction and nurturance.

Hierarchical multiple regression tested grandparent demographic characteristics, family solidarity, and grandparenthood factor scores as predictors of morale, life satisfaction, and self-esteem. Demographic variables (health, income, marital status, age, gender) were entered first into regression equations, followed by family solidarity variables (frequency of contact, help exchanged, attitudinal similarity, positive affect toward mother, positive affect toward father). The grandparenthood factor scores were entered last. This analysis is summarized in Table 2.

Insert Table 2 about here

The variables significantly predicted all criteria, p's < .002. There were two significant predictors of morale; grandparents reporting good health and frequent intergenerational contact expressed highest morale. There were three significant predictors of LSI-A scores; grandparents reporting good health, married grandparents, and those reporting greatest attitudinal similarity expressed greatest life satisfaction. There were three significant predictors of self-esteem.

Grandparents reporting good health, married grandparents, and those expressing low levels of the symbolic importance factor expressed highest self-esteem.

For these grandparents, demographic background and selected aspects of family solidarity were more strongly associated with mental health than were reactions to grandparenthood. Earlier findings of associations between grandparenthood and mental health may similarly reflect linkages between grandparents' overall family experience and well-being, rather than the significance of grandparenthood per se as a correlate of mental health. This possibility can be further explored through research incorporating varied measures of family solidarity and grandparenthood, research including more racially diverse samples, and longitudinal research. Such approaches would permit evaluating the generality of the associations reported here and analyses in which cause-effect hypotheses could be tested.

References

Gronvold, R. L. (1988). Measuring affective solidarity. In D. J. Mangen, V. L. Bengtson, & P. H. Landry (Eds.), Measurement of intergenerational relations (pp. 74 - 97). Newbury Park, CA: Sage Publications.

Kivnick, H. Q. (1982a). Grandparenthood: An overview of meaning and mental health. The Gerontologist, 22, 59-66.

Kivnick, H. Q. (1982b). The meaning of grandparenthood. Ann Arbor: UMI Research Press.

Lawton, M. P. (1972). The dimensions of morale. In D. Kent, R. Kastenbaum, & S. Sherwood (Eds.), Research, planning, and action for the elderly (pp. 152-153). New York: Behavioral Publications.

Mangen, D. J. & Miller, R. B. (1988). Measuring intergenerational contact in the family. In D. J. Mangen, V. L. Bengtson, & P. H. Landry (Eds.), Measurement of intergenerational relations (pp. 98 - 125). Newbury Park, CA: Sage Publications.

National Council on the Aging. (1975). Code book for "The myth and reality of aging in America," a survey conducted by Louis Harris and Associates. Washington, DC: National Council on the Aging.

Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (1961). The measurement of life satisfaction. Journal of Gerontology, 16, 134-143.

Table 1

Grandparent demographic characteristics

Grandparent Age	60.91 (7.67)
Target Grandchild Age	7.76 (5.10)
Number of Grandchildren	4.64 (3.38)
Marital Status:	
Married	81%
Widowed	14%
Divorced	5%
Employment Status:	
Full-Time	25%
Part-Time	19%
Not Employed	28%
Retired	40%
Highest Level of Education:	
High School Degree Or Less	61%
Some College	25%
College Degree	9%
Graduate Degree	5%

(Table continues)

Table 1 continued:

Annual Household Income:	
Less than $20,000	29%
$20,001 to $40,000	46%
More than $40,001	23%
Geographic Proximity of Target Grandchild's Family:	
Within 15 Minute Drive	66%
Within 15-30 Minute Drive	8%
Within 30-60 Minute Drive	5%
Within 1-2 Hour Drive	8%
Farther Than 2 Hour Drive	14%

Note: Standard deviations appear in parentheses.

Table 2

Predictors of well-being scores: b coefficients and beta weights

	Dependent Variable		
Predictor:	PGC	LSI-A	Self-Esteem
Health	1.08 (.28)*	.66 (.17)*	.28 (.18)*
Income	.13 (.08)	.10 (.06)	-.04 (-.06)
Marital Status	.56 (.10)	.93 (.17)*	.29 (.13)*
Grandparent Gender	-.67 (-.11)	-.17 (-.03)	-.04 (-.02)
Grandparent Age	.04 (.12)	.04 (.11)	.01 (.03)
Frequency of Contact	.02 (.14)*	.02 (.13)	.01 (.11)
Extent of Help Exchanged	-.08 (-.12)	-.07 (-.10)	-.02 (-.08)
Attitudinal Similarity	.06 (.10)	.09 (.14)*	.01 (.01)
Positive Affect: Grandchild's Mother	.03 (.05)	.04 (.06)	.01 (-.04)
Positive Affect: Grandchild's Father	-.01 (.01)	.03 (.06)	.02 (.09)
Symbolic Importance	-.25 (-.09)	-.07 (-.02)	-.15 (-.13)*
Authority	.24 (.08)	.22 (.08)	.09 (.07)
Satisfaction & Nurturance	.25 (.09)	.32 (.11)	.09 (.08)
Multiple R	.47	.43	.32
R^2	.22	.19	.10
F (13, 283)	6.31'	4.99'	2.55'

* Variable contributes significantly to prediction, $p < .05$

'$p < .003$

Note: Beta weights appear in parentheses.